

# CITY COUNCIL REPORT



Meeting Date: December 2, 2015  
General Plan Element: ***Land Use***  
General Plan Goal: ***Support a diversity of businesses.***

## **ACTION**

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**Restaurant Liquor License Request for Grape Wine Bistro 103-LL-2015.** To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for a new location and new owner.

## **OWNER**

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Grape-Pinnacle Peak, LLC

## **APPLICANT CONTACT**

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Kellie Pruitt Kerley

## **LOCATION**

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23335 N Scottsdale Rd. D-105

## **BACKGROUND**

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This request is for a Series 12 (restaurant) liquor license.

## **APPLICANT'S PROPOSAL**

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The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue from the sale of food. The applicant has indicated that this establishment will serve liquor between the hours of 11:30 a.m. to 9:00 p.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

## IMPACT ANALYSIS

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### Reliability and Location

#### **A.R.S. Section 4-203.A and R19-1-702 Granting a License for a New Owner and Location.**

The capability, qualifications and reliability of the applicant has been shown, and the public convenience and best interest of the community will be substantially served by the issuance.

### Restaurant.

#### **A.R.S. Section 4-205.02 and R19-1-206 Criteria for Restaurant Operations.**

This owner intends to operate this location as a restaurant according to the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. This establishment is 3,167 sq. ft. in size, including a proposed 500 sq. ft. patio. The bar service area is 140 sq. ft. or 5% of gross floor area, and the kitchen area is 508 sq. ft. or 19% of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

### Outdoor Patio.

The proposed patio, on the north side of the building is 500 sq. ft. and does not encroach into the adjacent pedestrian walkway. There is a minimum 6 ft. clearance for pedestrian access.

### Zoning.

This site is zoned Central Business District Planned Community District (C-2 PCD). The C-2 PCD district allows restaurants as a permitted use. The applicant has been notified of the City's expectation that the business will operate as a restaurant as defined by City Code. The surrounding area is reasonably compatible with this use.

### Parking and Traffic.

The surrounding street network provides sufficient access.

A total of 9 spaces are required for this use and 261 spaces are required for the shopping center.

A total of 482 spaces are provided in the shopping center. Parking is in compliance with the zoning ordinance.

### Public Safety

**Police Department:** Recommendation No Opposition

**Major life safety issues:** None noted.

**Code Enforcement:** There are no current cases of code violations at this time in relation to the liquor license. All necessary licenses and permits have been obtained.

### Public Notice and Proximity

#### **A.R.S. Section 4-201.B. Petitions from Persons in Close Proximity.**

The applicant has maintained the required posting notice for the State mandated 20-day period.

No petitions or protests were received during the 20 (twenty) day posting period.

## COUNCIL OPTIONS & STAFF RECOMMENDATION

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### Council Options

The City Council has the option of recommending approval, disapproval or no recommendation to

the Arizona Department of Liquor Licenses and Control.

**Staff Recommendation**

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining that the community's best interest is substantially served by the issuance of the liquor license and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

**Next Steps**

The City Council's recommendation of approval, disapproval or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

**RESPONSIBLE DEPARTMENT(S)**

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Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov  
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov  
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov  
Planning and Development Services

**APPROVED BY**

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Tim Curtis, AICP, Current Planning Director  
480-312-4210, tcurtis@scottsdaleaz.gov

11/5/2015

Date



Randy Grant, Director  
Planning and Development Services  
480-312-2664, rgrant@scottsdaleaz.gov

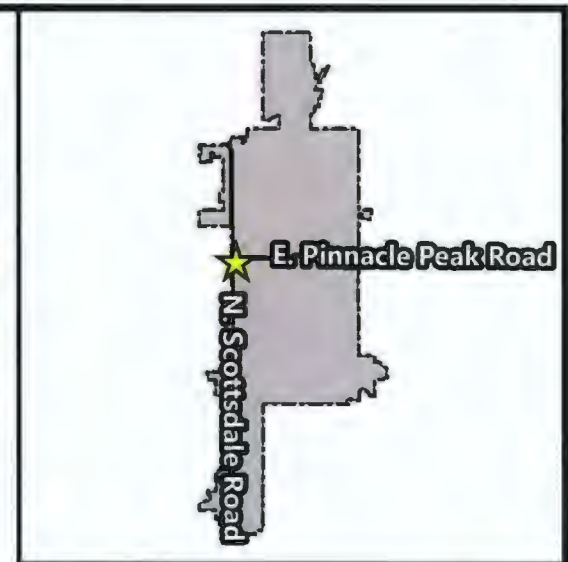
11/8/15

Date

**ATTACHMENTS**

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- #1: Map
- #2: City of Scottsdale Applicant Questionnaire
- #3: State Application



103-LL-2015

Grape Wine Bistro



# Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Grape Wine Bistro

Business Address: 23335 N Scottsdale Rd, D105, Scottsdale, AZ 85255

Total Gross Square Footage of Establishment: 2687

Was liquor sold at this location prior to this application? ☐ Yes ☒ No

If yes, what type of license? \_\_\_\_\_

Is this business currently open? ☐ Yes ☒ No

If yes, is this business operating with an Interim license? ☐ Yes ☒ No

If no, what is the proposed opening date? 1-15-2016

Is this business under construction or being remodeled? ☒ Yes ☐ No

Does this business have an existing patio? ☒ Yes ☒ No Dimensions of patio \_\_\_\_\_

Does this business have a proposed patio? ☒ Yes ☐ No Dimensions of patio 5'0" x 10' = 50 sq ft

## For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes\* ☒ No

Gross square footage of bar service area: 140 square foot

*(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)*

Will the kitchen be less than 15% of the gross floor area? ☐ Yes\* ☒ No

Gross square footage of kitchen: 508

*(do not include refrigerators or areas used for storage of food or beverages)*

During what hours will the establishment provide full kitchen service? 11:30am - 9:00pm

During what hours will the establishment offer liquor sales? 11:30am - 9:00pm

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes\* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes\* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes\* ☒ No

**\*May require a Conditional Use Permit**

Please check one of the following that best describes the primary business operation:

☐ packaged retail ☒ restaurant ☐ bar ☐ personal service ☐ education service

☐ manufacturing ☐ hotel / tourist accommodation ☐ residential facility ☐ sports / theater

## Planning and Development Services

7447 E Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088



# Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

## Will this business feature any of the following:

Patron Dancing?  
Live Bands?  
Amplified music?  
Adult Entertainment?  
After hours?

☐ Yes\* ☒ No  
☐ Yes\* ☒ No  
☐ Yes\* ☒ No  
☐ Yes\* ☒ No  
☐ Yes\* ☒ No

Karaoke?  
DJ?  
Games?  
Four or more pool tables?

☐ Yes\* ☒ No  
☐ Yes\* ☒ No  
☐ Yes\* ☒ No  
☐ Yes\* ☒ No

\*May require a Conditional Use Permit

## Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

- I have the capability, qualifications and reliability to hold a liquor license because:  
I have over 25 years of business experience and have held a CPA license for 20 years. I served 17 years as an auditor with a global accounting firm (Deloitte & Touche, LLP). Prior to my business experience I served 5 years as a police officer in the City of Fort Worth, Texas.
- The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:  
Our business provides great food and a great wine with fine dining quality at casual dining prices.
- Please describe your business:  
We are a casual restaurant that serves quality meals with a great wine and cocktail list at affordable prices.

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Kellie Pruitt Kerley Signature: Kellie Kerley Date: 10/26/2015

Submit

## Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone 480-312-7000 • Fax 480-312-7088





Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007  
www.azliquor.gov  
(602) 542-5141

15 OCT 19 11:41 AM 1050

**Application for Liquor License**  
Type or Print with Black Ink

103-LL-2015

**SECTION 1** This application is for a:

- ☐ Interim Permit (Complete Section 5)  
☒ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)  
☐ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)  
☐ Location Transfer (Bars and Liquor Stores Only)  
(Complete Section 2, 3, 4, 11, 13, 14, 16)  
☐ Probate/ Will Assignment/ Divorce Decree  
(Complete Sections 2, 3, 4, 9, 13, 14, 16)  
(Fee not required)  
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)  
☐ Seasonal

**SECTION 2** Type of Ownership:

- ☐ J.T.W.R.O.S. (Complete Section 6)  
☐ Individual (Complete Section 6)  
☐ Partnership (Complete Section 6)  
☐ Corporation (Complete Section 7)  
☒ Limited Liability Co (Complete Section 7)  
☐ Club (Complete Section 8)  
☐ Government (Complete Section 10)  
☐ Trust (Complete Section 6)  
☐ Tribe (Complete Section 6)  
☐ Other (Explain) \_\_\_\_\_

**SECTION 3** Type of license

LICENSE # 1207A438

1. Type of License: Series 12-Restaurant

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE**

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

**SECTION 4** Applicants

1. Individual Owner/Agent's Name: Kerley Kellie Pruitt PI072511  
Last First Middle

2. Owner Name: Grape-Pinnacle Peak, LLC B1053250  
(Ownership name for type of ownership checked on section 2)

3. Business Name: Grape Wine Bistro B1055462  
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 23335 N. Scottsdale Rd, D105 Scottsdale, AZ 85255 Maricopa  
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 6648 E Red Range Way Cave Creek, AZ 85331  
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: 480-305-0907 Daytime Contact Phone: 480-305-0907

7. Email Address: kelliepruitt@kelliepruitt.com

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No

If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store ( license only) \$ \_\_\_\_\_

|   |                |   |               |                   |
|---|----------------|---|---------------|-------------------|
| Fees: <u>\$100.00</u>   | <u>—</u>       | Department Use Only <u>\$50.00</u>              | <u>—</u>      | <u>\$150.00</u>   |
| Application   | Interim Permit | Site Inspection                                 | Finger Prints | Total of All Fees |
| Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                |   |               |                   |
| Accepted by: <u>[Signature]</u>   |                | Date: <u>10/19/15</u> License # <u>1207A438</u> |               |                   |

## SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: \_\_\_\_\_
2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? \_\_\_\_\_

**Attach a copy of the license currently issued at this location to this application.**

I, \_\_\_\_\_ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING  
(Print Full Name) PERSON on the stated license and location.

X \_\_\_\_\_  
(Signature)

State \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

My Commission Expires on: \_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Notary Public)

## SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

**EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.**

### Individual

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|------|-------|--------|--------|-----------------|------|-------|----------|
|      |       |        |        |                 |      |       |          |

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☐ No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City | State | Zip Code | Phone # |
|------|-------|--------|-----------------|------|-------|----------|---------|
|      |       |        |                 |      |       |          |         |
|      |       |        |                 |      |       |          |         |

### Partnership

Name of Partnership: \_\_\_\_\_

| General-Limited                                   | Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|---|------|-------|--------|--------|-----------------|------|-------|----------|
| <input type="checkbox"/> <input type="checkbox"/> |      |       |        |        |                 |      |       |          |
| <input type="checkbox"/> <input type="checkbox"/> |      |       |        |        |                 |      |       |          |
| <input type="checkbox"/> <input type="checkbox"/> |      |       |        |        |                 |      |       |          |
| <input type="checkbox"/> <input type="checkbox"/> |      |       |        |        |                 |      |       |          |

### J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: \_\_\_\_\_

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |



**SECTION 6 - continued**

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**TRUST**

Name of Trust: \_\_\_\_\_

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |

**TRIBE**

Name of Tribal Ownership: \_\_\_\_\_

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |

**SECTION 7 Corporations/ Limited Liability Co**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ **Corporation** Complete Questions 1, 2, 3, 4, 5, 6, and 7☒ **L.L.C.** Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: Grape-Pinnacle Peak, LLC
2. Date Incorporated/Organized: 9-10-2014 State where Incorporated/Organized: Arizona
3. AZ Corporation or AZ L.L.C File No: L19508612 Date authorized to do Business in AZ: 9-10-2014
4. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No
5. List Directors, Officers, Members in Corporation/L.L.C:

| Last                | First | Middle | Title  | Mailing Address                      | City  | State | Zip Code |
|---------------------|-------|--------|--------|--------------------------------------|-------|-------|----------|
| Grape Wine Bar, LLC |       |        | Member | 6648 E Red Range Way, Cave Creek, AZ | 85331 |       |          |
|                     |       |        |        |                                      |       |       |          |
|                     |       |        |        |                                      |       |       |          |
|                     |       |        |        |                                      |       |       |          |

(Attach additional sheet if necessary)

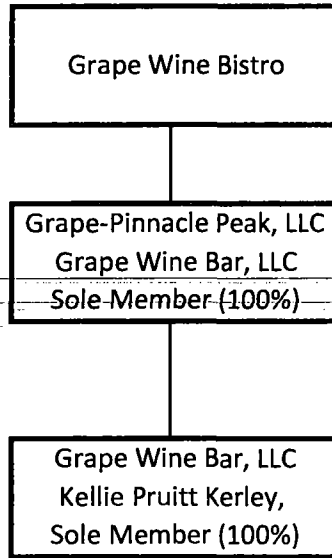
6. List all Stockholders / percentage owners who own 10% or more:

| Last                | First | Middle | %Owned | Mailing Address                      | City  | State | Zip Code |
|---------------------|-------|--------|--------|--------------------------------------|-------|-------|----------|
| Grape Wine Bar, LLC |       |        | 100%   | 6648 E Red Range Way, Cave Creek, AZ | 85331 |       |          |
|                     |       |        |        |                                      |       |       |          |
|                     |       |        |        |                                      |       |       |          |
|                     |       |        |        |                                      |       |       |          |

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

Organizational Flowchart of Structure and Ownership



| <u>Last</u> | <u>First</u> | <u>Middle</u> | <u>Title</u> | <u>Mailing Address</u>                     |
|-------------|--------------|---------------|--------------|--|
| Kerley      | Kellie       | Pruitt        | Member       | 6648 E Red Range Way, Cave Creek, AZ 85331 |

**SECTION 8 Club Applicants**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

15 OCT 19 Lig. Lic. #1050

1. Name of Club: \_\_\_\_\_

2. Is Club non-profit? ☐ Yes ☐ No

3. List all controlling members (minimum of four (4) requested)

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |
|      |       |        |                 |      |       |          |

(Attach additional sheet if necessary)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Liquor License**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appear on the license) Last First Middle

2. Assignee's Name: \_\_\_\_\_  
Last First Middle

3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE.

**SECTION 10 Government (for cities, towns, or counties only)**

1. Government Entity: \_\_\_\_\_

2. Person/Designee: \_\_\_\_\_  
First Last Middle Day time Contact Phone #

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISE FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

**SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)**

1. Current Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Exactly as it appears on license)

2. New Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**SECTION 12 Person to Person Transfer**

15 OCT 19 Lic. #1050

**Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)**

1. Individual Owner / Agent Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: \_\_\_\_\_  
(Exactly as it appears on license)

3. Business Name: \_\_\_\_\_  
(Exactly as it appears on license)

4. Business Location Address: \_\_\_\_\_  
Street City State Zip

5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

6. Current Mailing Address: \_\_\_\_\_  
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☐ No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) \_\_\_\_\_ hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) \_\_\_\_\_, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X \_\_\_\_\_  
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of \_\_\_\_\_ County of \_\_\_\_\_  
State County

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

My commission expires on \_\_\_\_\_  
Day/ Month/Year Signature of NOTARY PUBLIC

**SECTION 13 Proximity to Church or School**

Questions to be completed by all in-state applicants **EXCLUDING** those applying for a **Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.**

15 OCT 19 Lic. Lic. #1050

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- ☒ a) Restaurant license (§ 4-205.02)  
☐ b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)  
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest School: \_\_\_\_\_  
(If less than one (1) mile note footage)

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

2. Distance to nearest Church: \_\_\_\_\_  
(If less than one (1) mile note footage)

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION 14 Business Financials**

1. I am the: ☒ Lessee ☐ Sub-lessee ☐ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors:

Name: Executive Villas Development Co

Address: 2390 E Camelback Rd, St 202, Phoenix, AZ 85016

Street

City

State

Zip

3. Monthly Rent/ Lease Rate: \$ 8,061

4. What is the remaining length of the lease? 10 yrs \_\_\_\_\_ months

5. What is the penalty if the lease is not fulfilled? \$ 1,225,878 or other: \_\_\_\_\_  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0

Please List Lenders/People you owe money to for business.

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|------|-------|--------|-------------|-----------------|------|-------|-----|
|      |       |        |             |                 |      |       |     |
|      |       |        |             |                 |      |       |     |
|      |       |        |             |                 |      |       |     |
|      |       |        |             |                 |      |       |     |

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Restaurant and wine bistro

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

If yes, give license number and licensee's name:

License #: \_\_\_\_\_ Individual Owner /Agent Name: \_\_\_\_\_  
(Exactly as it appears on license)

**SECTION 15 Restaurant or hotel/motel license applicants**

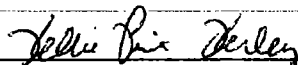
15 OCT 19 Lic. Lic. RM1050

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☒ No

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☒ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.



(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.



(Applicant's Initials)

**SECTION 16 Diagram of Premises**

Check ALL boxes that apply to your business:

☒ Entrances/Exits☒ Liquor storage areas

Patio:

☒ Contiguous☐ Walk-up windows☐ Drive-through windows☐ Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☒ Yes ☐ No

If yes, what is your estimated completion date? 1-15-2016

Month/Day/Year

2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.

3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).

4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.



(Applicant's Initials)

**SECTION 16 Diagram of Premises – continued**

15 OCT 19 Lic. Lic. AM1050

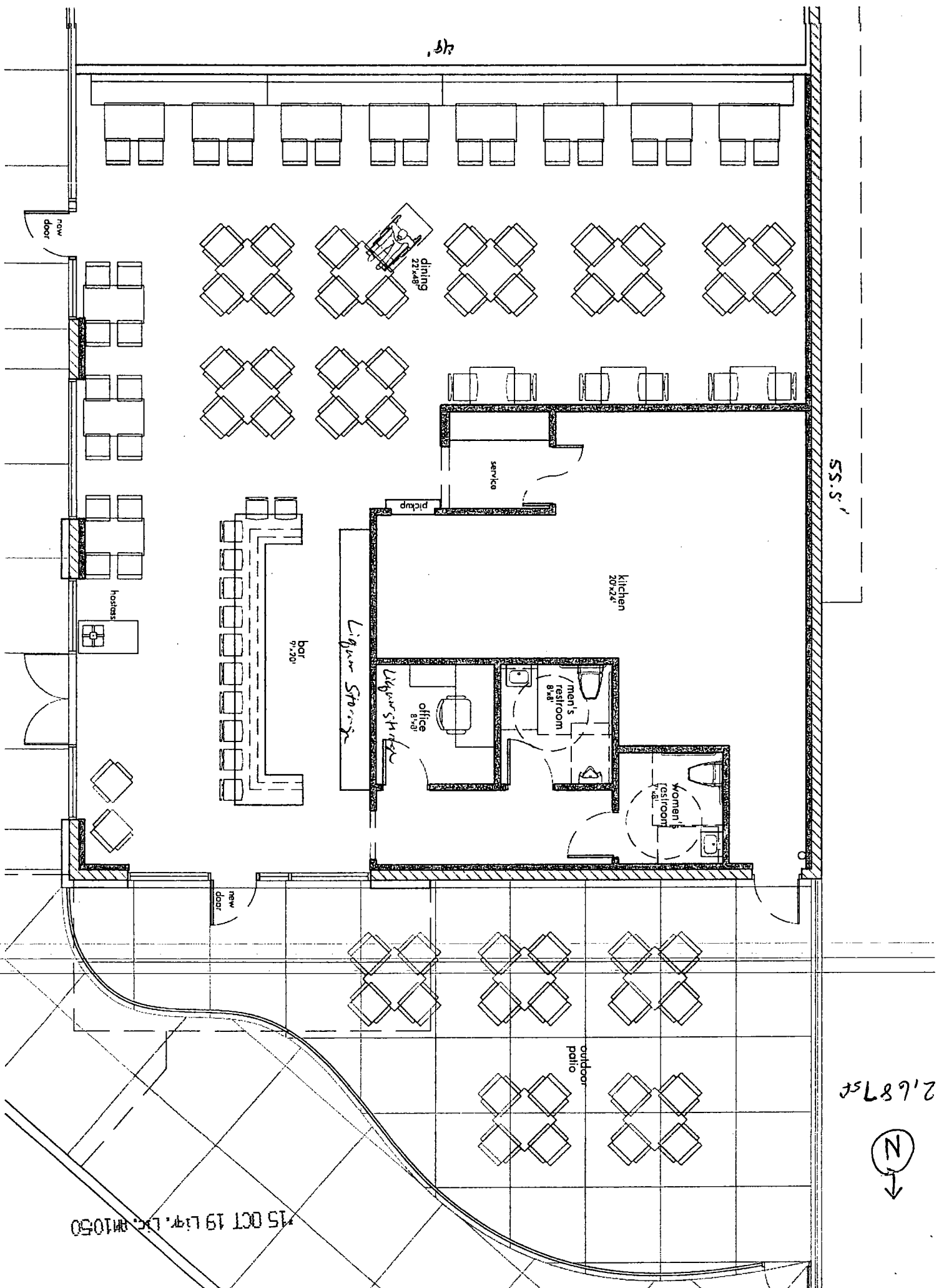
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

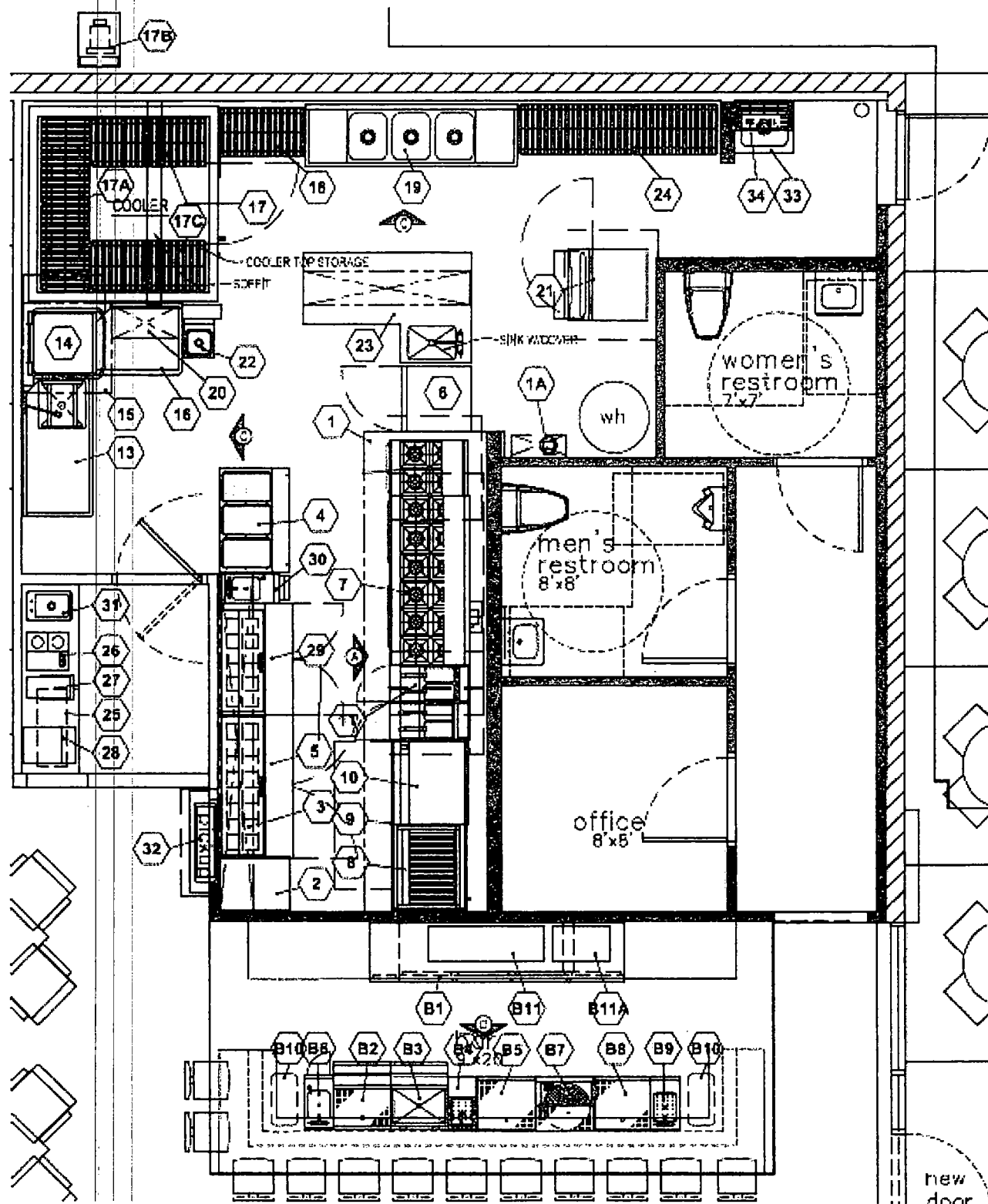
**DIAGRAM OF PREMISES**

Diagram Attached





15 OCT 19 14. Lic. 001050



# FOOD SERVICE EQUIPMENT

| ITEM NUMBER | QUANTITY | ITEM DESCRIPTION             |
|-------------|----------|------------------------------|
| 1           | 1        | EXHAUST HOOD                 |
| 1A          | 1        | FIRE SUPPRESSION SYSTEM      |
| 2           | 1        | WORKTABLE                    |
| 3           | 1        | OVERSHELF                    |
| 4           | 1        | HOT FOOD WELLS               |
| 5           | 1        | 60" REFRIG. SANDWICH UNIT    |
| 6           | 1        | REACH-IN FREEZER             |
| 7           | 1        | 12 BURNER RANGE W/OVENS      |
| 8           | 1        | GAS CHARBROILER              |
| 9           | 1        | REFRIGERATED GRILL STAND     |
| 10          | 1        | FLAT GRILL                   |
| 11          | 2        | FRYERS                       |
| 12          | 1        | 4-BURNER RANGE W/OVEN        |
| 13          | 1        | SOILED DISHTABLE             |
| 14          | 1        | DISHWASHER                   |
| 15          | 1        | CONDENSATE HOOD              |
| 16          | 1        | CLEAN DISHTABLE              |
| 17          | 1        | WALK-IN COOLER               |
| 17A         | 1        | COOLER COIL                  |
| 17B         | 1        | COOLER CONDENSER             |
| 17C         | LOT      | COOLER SHELVING              |
| 18          | 1        | POT SHELVING                 |
| 19          | 1        | 3-COMPARTMENT SINK           |
| 20          | 1        | TABLE MTD. RACK SHELF        |
| 21          | 1        | ICE MAKER W/BIN              |
| 22          | 1        | HAND SINK                    |
| 23          | 1        | WORKTABLE W/SINK & OVERSHELF |
| 24          | 2        | DRY STORAGE SHELVING UNITS   |
| 25          | 1        | BAG N BOX (BY PURVEYOR)      |
| 26          | 1        | COFFEE BREWER (BY PURVEYOR)  |
| 27          | 1        | ICE TEA BREWER (BY PURVEYOR) |
| 28          | 1        | SODA & ICE DISPENSER         |
| 29          | 1        | 48" REFRIG SANDWICH UNIT     |
| 30          | 1        | HANDSINK                     |
| 31          | 1        | DROP-IN HAND SINK            |
| 32          | 1        | HEATLAMP                     |
| 33          | 1        | MOP SINK                     |
| 34          | 1        | CHEMICAL STORAGE SHELF       |
| B1          | 1        | BACKBAR COOLER               |
| B2          | 1        | DRAINBOARD                   |
| B3          | 1        | COCKTAIL STATION             |
| B4          | 1        | BLENDER STATION              |
| B5          | 1        | GLASS RACK STORAGE UNIT      |
| B6          | 1        | HAND SINK                    |
| B7          | 1        | GLASSWASHER                  |
| B8          | 1        | GLASS RACK STORAGE           |
| B9          | 1        | DUMP SINK                    |
| B10         | 2        | TRASH CANS                   |
| B11         | 1        | WINE DISPENSER               |
|             |          |                              |

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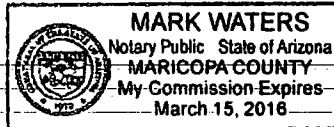
SECTION 17 SIGNATURE BLOCK

'15 OCT 19 Ltr. Lic. RM1051

I, (Print Full Name) Kellie Pruitt Kerley, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) Kellie Pruitt Kerley

State of ARIZONA County of MARICOPA



The foregoing instrument was acknowledged before me this

19<sup>th</sup> of OCTOBER, 2015

My commission expires on: 3/15/2016

Day Month Year

Mark Waters  
Signature of NOTARY PUBLIC

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.